



Complete Summary

TITLE

Health plan members' experiences: percentage of parents or guardians who reported their experiences with their children's personal doctor or nurse for their enrolled children with chronic conditions.

SOURCE(S)

CAHPS® health plan survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2009 Jan. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Access

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of respondents who reported their experiences with their children's personal doctor or nurse for their children with chronic conditions*.

The "Parents' Experience with the Child's Personal Doctor or Nurse" composite measure is based on three questions on the CAHPS 4.0 Health Plan Survey (Child Questionnaire).

Note: A composite score is calculated in which a higher score indicates better quality. Composite scores are intended for consumer-level reporting. Additionally, frequency distributions are available for plans or providers to use for quality improvement purposes.

*Children with special health care needs are those who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children.

RATIONALE

The Agency for Healthcare Research and Quality (AHRQ) (then called the Agency for Health Care Policy and Research, or AHCPR) initiated the CAHPS program in October 1995 to develop standardized survey tools for obtaining and reporting information on consumers' experiences with health care. The CAHPS consortium began by developing the CAHPS Health Plan Survey, an integrated set of carefully tested and standardized questionnaires and report formats that can be used to produce meaningful, reliable, and comparable information about the experiences of consumers enrolled in health plans.

The CAHPS Health Plan Survey is designed to generate information that consumers can use to choose health plans, that purchasers can use to assess the value of services they buy, and that health plans can use to assess their performance and improve their products and services. As AHRQ had intended, the survey can be used with all types of health insurance consumers--including Medicaid recipients, Medicare beneficiaries, and those who are commercially insured--and across the full range of health care delivery systems, from fee-for-service to managed care plans. The instruments also capture information about special groups, including individuals with chronic conditions and disabilities and families with children.

The National Committee for Quality Assurance (NCQA) requires health plans to submit measures from the CAHPS Health Plan Survey as part of their HEDIS submission and for accreditation purposes.

Research indicates that children with chronic conditions account for 15 to 18 percent of all children under 18, although some sponsors of the CAHPS Health Plan Survey may serve a relatively higher proportion of children with chronic conditions than is found in the general population.

While the numbers of children with chronic conditions may be small, several factors point to the need to measure and report on quality of care for this segment of the population:

- **Financial impact.** Children with chronic conditions consume a preponderance of the health care dollars spent on children, with estimates ranging from 80 to 90 percent.
- **Evidence of poor quality.** Researchers have found that quality of care for children with chronic conditions is often inadequate. According to studies conducted by FACCT-The Foundation for Accountability, parents of children with chronic conditions rate their experiences with care at a level that ranges from 50 percent to 80 percent of what would be considered optimal.

It is critical to assess and track quality of care for this vulnerable segment so that parents, health plans, and other survey sponsors can evaluate how well the needs of children with chronic conditions are being met and identify which aspects of care need to be improved.

- **Equity.** The experiences that children with chronic conditions have with health plans and providers are often different from those of healthy children, who primarily rely on the health care system for preventive and acute care.

Families, health plans, and policymakers need to know if quality of care is not consistent for all children and which plans are best suited to meet the needs of children with chronic conditions.

- **The need for relevant information.** The continual needs of children with chronic conditions far exceed those of their peers, particularly with respect to the type, scope, and frequency of health care services they require. They also have a greater demand for health information, education, partnership with providers, and coordination of care. When reviewing their coverage options, the parents of these children need access to comparative performance information that is relevant to their circumstances.

PRIMARY CLINICAL COMPONENT

Health care; members' experiences; children with chronic conditions; personal doctor or nurse

DENOMINATOR DESCRIPTION

Health plan members age 17 years and younger with chronic conditions (as determined by specific screening criteria included in the questionnaire) whose parents or guardians answered the "Parents' Experience with the Child's Personal Doctor or Nurse" questions on the CAHPS 4.0 Health Plan Survey (Child Questionnaire) (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

The number of health plan members from the denominator whose parents indicated "Yes" or "No" to the "Parents' Experience with the Child's Personal Doctor or Nurse" questions (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Bethell C, Lansky D, Hendryx M. The Robert Wood Johnson Foundation National Strategic Indicators survey: RWJF priority and program are performance indicators summary report. Portland (OR): FACCT-The Foundation for Accountability; 2006 Sep.

Bethell C. Measuring patient centered care across consumer relevant domains of quality: a report prepared for the Institute of Medicine Committee on the National Quality Report on Health Care. 2006 Jul.

Garwick AW, Kohrman C, Wolman C, Blum RW. Families' recommendations for improving services for children with chronic conditions. Arch Pediatr Adolesc Med1998 May;152(5):440-8. [PubMed](#)

Kuhlthau K, Walker DK, Perrin JM, Bauman L, Gortmaker SL, Newacheck PW, Stein RE. Assessing managed care for children with chronic conditions. Health Aff (Millwood)1998 Jul-Aug;17(4):42-52. [PubMed](#)

Newacheck PW, Stein RE, Walker DK, Gortmaker SL, Kuhlthau K, Perrin JM. Monitoring and evaluating managed care for children with chronic illnesses and disabilities. Pediatrics1996 Nov;98(5):952-8. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Department of Defense/TRICARE
External oversight/Medicaid
External oversight/State government program
Internal quality improvement
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age less than or equal to 17 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Rationale" field.

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

See the "Rationale" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Patient-centeredness

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Health plan members age 17 years or younger, who have been enrolled in:

- the commercial plan for 12 months or longer with no more than one 45-day break in enrollment during the 12 months

OR

- a Medicaid plan or product for 6 months or longer, with no more than one 30-day break in enrollment during the 6 months.

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Health plan members age 17 years and younger with chronic conditions* (as determined by specific screening criteria included in the questionnaire) whose parents or guardians answered the "Parents' Experience with the Child's Personal Doctor or Nurse" questions on the CAHPS 4.0 Health Plan Survey (Child Questionnaire). Include refusals, non-response, and bad addresses/phone numbers.

*Children with special health care needs are those who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children.

Exclusions

- Individuals with coverage other than primary health coverage, such as dental-only plan
- Deceased
- Ineligible (not enrolled in the plan)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of health plan members from the denominator whose parents indicated "Yes" or "No" to the "Parents' Experience with the Child's Personal Doctor or Nurse" questions

From the responses, a composite score is calculated in which a higher score indicates better quality.

Note: Include all completed questionnaires. A questionnaire is considered complete if responses are available for 10 or more of a selected list of key CAHPS items. Refer to the original measure documentation for more information.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Patient survey

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Non-weighted Score/Composite/Scale

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)
Case-mix adjustment

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

CAHPS recommends adjusting the data for respondent age, education, and general health status.

If the sample size is sufficient, responses may be analyzed for specific sub-populations, such as respondents with chronic conditions.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

The CAHPS Health Plan Survey has probably been tested more completely than any previously used consumer survey.

There are two different and complementary approaches to assessing the reliability and validity of a questionnaire (1) cognitive testing, which bases its assessments on feedback from interviews with people who are asked to react to the survey questions, and (2) psychometric testing, which bases its assessments on the analysis of data collected by using the questionnaire. Although many existing consumer questionnaires about health care have been tested primarily or exclusively using a psychometric approach, the CAHPS team views the combination of cognitive and psychometric approaches as essential to producing the best possible survey instruments. Consequently, both methods have been included in the development of the CAHPS survey.

The cognitive testing method provided useful information on respondents' perceptions of the response task, how respondents recalled and reported events, and how they interpreted specified reference periods. It also helped identify words

that could be used to describe health care providers accurately and consistently across a range of consumers (e.g., commercially insured, Medicaid, fee-for-service, managed care, lower socioeconomic status [SES], middle SES, low literacy, higher literacy) and helped explore whether key words and concepts included in the core questions worked equally well in both English and Spanish.

The CAHPS consortium also tested each CAHPS reporting composite in focus groups with plan members. Cognitive interviews with consumers were conducted to ensure that the reporting composites and their labels were easily understood. Psychometric analyses using data collected during pilot tests were also conducted. These analyses indicated that both the composites and the items in each composite were reliable and valid measures of members' experiences. In addition, items in each reporting composite were tested and found to be internally consistent. For example, reliability coefficients (Cronbach's alpha) in one pilot test involving four health plans using the instrument that most resembled the final CAHPS 2.0 instrument ranged from a low of 0.68 for the "Getting Needed Care" composite to a high of 0.90 for the "How Well Doctors Communicate" composite. These composites are positively associated with members' ratings of overall care provided by doctors and nurses and ratings of health plans.

In addition, the CAHPS development team, together with researchers from the National Committee on Quality Assurance (NCQA), conducted a detailed comparative analysis of the items in the CAHPS questionnaire and NCQA's Member Satisfaction Survey (MSS) from the fall of 1997 to the spring of 1998. These questionnaires were merged to form the current CAHPS questionnaire. This testing is noteworthy because it was so extensive and because of the wide array of techniques used. These included focus groups, in-depth cognitive testing, pilot studies, methodological experiments, and large demonstration studies, such as the demonstrations in Washington State, Kansas, and New Jersey. NCQA also worked with the CAHPS consortium to conduct field tests of the 4.0 instrument with six health plans in spring 2005.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

CAHPS®: Surveys and tools to advance patient-centered care [https://www.cahps.ahrq.gov/default.asp]. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Feb 21]; [accessed 2007 Sep 05]. [3 p].

Identifying Information

ORIGINAL TITLE

Parents' experience with the child's personal doctor or nurse.

MEASURE COLLECTION

[CAHPS Health Plan Survey](https://www.cahps.ahrq.gov/default.asp)

MEASURE SET NAME

MEASURE SUBSET NAME

[Children with Chronic Conditions Item Set](#)

SUBMITTER

Agency for Healthcare Research and Quality

DEVELOPER

Agency for Healthcare Research and Quality
CAHPS Consortium
Child and Adolescent Health Measurement Initiative

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Unspecified

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1997 Mar

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: CAHPS® health plan survey and reporting kit 2007. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Nov 14. Various p.

SOURCE(S)

CAHPS® health plan survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2009 Jan. various p.

MEASURE AVAILABILITY

The individual measure, "Parents' Experience with the Child's Personal Doctor or Nurse," is published in the "CAHPS Health Plan Survey and Reporting Kit 2008." This Kit may be downloaded at the [CAHPS Web site](#).

COMPANION DOCUMENTS

The following are available:

- What consumers say about the quality of their health plans and medical care: The National CAHPS Benchmarking Database. CAHPS health plan survey chartbook. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008 Oct. 43 p. This document is available in Portable Document Format (PDF) from the [CAHPS Web site](#).
- CAHPS® user resources: project management resources. [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Oct 29]; [accessed 2009 Mar 17]. [2 p]. Available from the [CAHPS Web site](#).
- CAHPS® community. The report card compendium. [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Oct 29]; [accessed 2009 Mar 17]. [2 p]. Available from the [CAHPS Web site](#).
- CAHPS® survey and reporting kits. Project profiles. [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Oct 29]; [accessed 2009 Mar 17]. [2 p]. Available from the [CAHPS Web site](#).
- CAHPS® survey and reporting kits. Reporting resources: downloadable documents. [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2009 Apr 23]; [accessed 2009 Mar 17]. [2 p]. Available from the [CAHPS Web site](#).
- The CAHPS Improvement Guide. Practical strategies for improving the patient care experience. [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Oct 27]; [accessed 2009 Mar 17]. [1 p]. This document is available in (PDF) from the [CAHPS Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI Institute on January 29, 2008. The information was verified by the measure developer on March 10, 2008. This NQMC summary was updated by ECRI Institute on May 18, 2009.

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